

State: Arkansas**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other**Product Name:** Reinstatement Application**Project Name/Number:** KOFC/160/160**Filing Company:** Knights of Columbus

Filing at a Glance

Company: Knights of Columbus
Product Name: Reinstatement Application
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/09/2012
SERFF Tr Num: FRCS-128717300
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5842

Implementation: On Approval
Date Requested:
Author(s): Michael Cochran, Kevin Wiggs
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/24/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Reinstatement Application
Project Name/Number: KOFC/160/160

Filing Company: Knights of Columbus

General Information

Project Name: KOFC/160	Status of Filing in Domicile: Pending
Project Number: 160	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted on this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/24/2012
	State Status Changed: 10/12/2012
Deemer Date:	Created By: Michael Cochran
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:

Filing Description:

We have been retained by Knights of Columbus to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

The Knights of Columbus is a fraternal society.

Form 1164-AR 1-13 is a new Reinstatement Application, which will replace form 1164 6-89, which was approved by your Department on 03/27/1989. A copy of the form showing those items which changed is included for information.

The Order proposes to use this application form in those situations when a policy is being reinstated.

The Order's address and the MIB's address, phone number and website have been bracketed to allow for possible changes in the future.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Michael Cochran, Compliance Specialist	michael.cochran@firstconsulting.com
1020 Central	800-927-2730 [Phone] 2756 [Ext]
Suite 201	816-391-2755 [FAX]
Kansas City, MO 64105	

Filing Company Information

(This filing was made by a third party - FC01)

Knights of Columbus	CoCode: 58033	State of Domicile: Connecticut
1 Columbus Plaza	Group Code:	Company Type:
New Haven, CT 06507-3326	Group Name:	State ID Number:
(203) 752-4266 ext. [Phone]	FEIN Number: 06-0416470	

State: Arkansas

Filing Company: Knights of Columbus

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Reinstatement Application

Project Name/Number: KOFC/160/160

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form x 1 = \$50
Per Company: No

Company	Amount	Date Processed	Transaction #
Knights of Columbus	\$50.00	10/09/2012	63603365

SERFF Tracking #:	FRCS-128717300	State Tracking #:		Company Tracking #:	5842
State:	Arkansas	Filing Company:	Knights of Columbus		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Reinstatement Application				
Project Name/Number:	KOFC/160/160				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/24/2012	10/24/2012
Approved-Closed	Linda Bird	10/12/2012	10/12/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application for Reinstatement	Michael Cochran	10/23/2012	10/23/2012
Supporting Document	AR Copies of Marked Changes to New form	Michael Cochran	10/23/2012	10/23/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen	Note To Filer	Linda Bird	10/22/2012	10/22/2012
Request to Reopen	Note To Reviewer	Michael Cochran	10/22/2012	10/22/2012

SERFF Tracking #:	FRCS-128717300	State Tracking #:		Company Tracking #:	5842
State:	Arkansas	Filing Company:	Knights of Columbus		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Reinstatement Application				
Project Name/Number:	KOFCC/160/160				

Disposition

Disposition Date: 10/24/2012

Implementation Date:

Status: Approved-Closed

Comment: Company has made changes to the original submission.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Copy of Marked Form Changes		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	AR Copies of Marked Changes to New form		Yes
Form (revised)	Application for Reinstatement		Yes
Form	Application for Reinstatement	Replaced	Yes

SERFF Tracking #:	FRCS-128717300	State Tracking #:		Company Tracking #:	5842
State:	Arkansas	Filing Company:	Knights of Columbus		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Reinstatement Application				
Project Name/Number:	KOFC/160/160				

Disposition

Disposition Date: 10/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Copy of Marked Form Changes		Yes
Supporting Document	Certification of Compliance		Yes
Supporting Document	AR Copies of Marked Changes to New form		Yes
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State:	Arkansas	Filing Company:	Knights of Columbus		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
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Amendment Letter

Submitted Date: 10/23/2012

Comments:

Subsequent to your approval of Reinstatement Application form 1164-AR 1-13, on 10/12/2012, the Knights of Columbus (the Order) found some changes which need to be made to the application. The word "arrange" was missing from the first sentence of the third paragraph on page 2. Also, significant changes were made to the Authorization and Acknowledgement to comply with new MIB requirements and to strengthen the authorization section.

A revised application is attached, and a marked copy showing exactly what was changed is attached since it was first submitted is attached for information.

Because this new application has not been used anywhere, the Order requests that the same form number be used.

If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1164-AR 1-13	Application/Enrollment Form	Application for Reinstatement	Revised			1164 6-89	54.100	1164-AR 1-13.pdf

Supporting Document Schedule Item Changes:

User Added -Name: AR Copies of Marked Changes to New form

Comment:

1164-AR 1-13 Changes.pdf

State: Arkansas**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other**Product Name:** Reinstatement Application**Project Name/Number:** KOFC/160/160**Filing Company:** Knights of Columbus

Note To Filer

Created By:

Linda Bird on 10/22/2012 01:20 PM

Last Edited By:

Linda Bird

Submitted On:

10/22/2012 01:20 PM

Subject:

Request to reopen

Comments:

Filing has been re-opened in order for correction to be made.

State: Arkansas**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other**Product Name:** Reinstatement Application**Project Name/Number:** KOFC/160/160**Filing Company:** Knights of Columbus

Note To Reviewer

Created By:

Michael Cochran on 10/22/2012 11:54 AM

Last Edited By:

Michael Cochran

Submitted On:

10/22/2012 11:54 AM

Subject:

Request to Reopen

Comments:

On behalf of Knights of Columbus we request that you reopend this filing for the following changes to be made:

The word "arrange" was missing from the first sentence of the third paragraph on page 2. Also, significant changes were made to the Authorization and Acknowledgement to comply with new MIB requirements and to strengthen the authorization section.

If you need any further information or have any questions, please call toll-free 1-800-927-2730.

Thank you for your assistance.

State:	Arkansas	Filing Company:	Knights of Columbus
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Reinstatement Application		
Project Name/Number:	KOFC/160/160		

Form Schedule

Lead Form Number: 1164-AR 1-13							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		1164-AR 1-13	AEF	Application for Reinstatement	Revised: Replaced Form #: 1164 6-89 Previous Filing #:	54.100	1164-AR 1-13.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
APPLICATION FOR REINSTATEMENT

Contract No. _____

Amount Due _____

I hereby apply for reinstatement of the above Contract. For that purpose, I tender the Amount Due and state as follows:

- (a) Within the last five years, no person insured under this Contract has consulted a physician except for routine physical examinations and no person insured under this Contract has been a patient in any hospital.
- (b) There has been no change in any insured's occupation since the date of the initial application for this policy.
- (c) No insured is engaged in aviation except as a passenger on commercial airlines.

If there are any exceptions to (a), (b), or (c), list them below:

I agree that the statements contained in this Application are complete and true to the best of my knowledge and belief and that all exceptions have been fully set forth.

I agree that, if the Knights of Columbus reinstates this Contract, its Incontestability provision shall operate anew from the date of reinstatement as to statements made in this Application.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICATION MUST BE DATED AND SIGNED

Date

Signature of Insured (if at least 18)

Signature of Owner (if other than Insured or if Insured is under 18)

.....
INSTRUCTIONS: Complete and sign both sides of this form. Mail with Amount Due to Knights of Columbus, [Reinstatement Unit, P. O. Box 1670, New Haven, CT 06507-9982].

**NOTICE REGARDING THE MEDICAL INFORMATION BUREAU,
MIB, Inc. (MIB)**

The MIB is a non-profit organization. It operates as an information exchange for its members. The Knights of Columbus is a member of the MIB.

We make reports to the MIB on factors affecting your insurability. We will not inform them of our decision on your applications. If you subsequently apply to another MIB member company for life or health insurance or submit a claim for benefits, the MIB will, upon request, supply that company with information in its files. The Knights of Columbus or its reinsurers may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits is submitted. None of the information collected concerning the sexual orientation of the proposed insured will be used to determine his or her eligibility for insurance or is passed on to any organization or Third parties.

Upon written request, the MIB will arrange disclosure of any information it may have on you in its files. If you feel the information in the MIB file is not correct, you may contact the MIB and seek a correction in accordance with procedures outlined in the Federal Fair Credit Reporting Act.

The MIB's address is: MIB, Inc., [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734]. Its telephone number is: [(866) 692-6901. TTY 866-346-3642] (for hearing impaired). Their email address is: [infoline@mib.com].

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize any physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, the Medical Information Bureau, MIB, Inc. or other organization, institution or person, that has any records or knowledge of me or my health, to give to the Knights of Columbus or its reinsurers any such information. Information gathered will not be used to determine sexual orientation.

I also authorize the Knights of Columbus to release any information regarding me or my health to the Medical Information Bureau, MIB, Inc.; any company to which my application is submitted for reinsurance purposes, my Knights of Columbus agents; and to other life insurance companies with whom I have policies or to whom I may apply for insurance.

This Authorization expires two years from the date shown below unless sooner revoked by writing to us at [P. O. Box 1670, New Haven, Connecticut 06510-3326]. Revocation of authorization must be in writing and must be signed and dated. Revocation may be a basis for denying coverage.

Failure to sign this authorization statement may impair the ability of the Knights of Columbus to process this application and may be a basis for denying this application.

A photographic copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this Authorization.

I acknowledge receiving and reading the above Notice.

Dated _____ 20_____

Signed _____
Insured (if at least 18)

Signed _____
Owner (if other than Insured or if Insured is under 18)

SERFF Tracking #:	FRCS-128717300	State Tracking #:		Company Tracking #:	5842
State:	Arkansas	Filing Company:	Knights of Columbus		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Reinstatement Application				
Project Name/Number:	KOFC/160/160				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization		
Comments:			
Attachment(s):			
Auth_09-04-2012.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Copy of Marked Form Changes		
Comments:			
Attachment(s):			
1164 1-13 Marked Copy.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
AR COC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR Copies of Marked Changes to New form		
Comments:			
Attachment(s):			

SERFF Tracking #:	FRCS-128717300	State Tracking #:		Company Tracking #:	5842
State:	Arkansas	Filing Company:	Knights of Columbus		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Reinstatement Application				
Project Name/Number:	KOFK/160/160				

1164-AR 1-13 Changes.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Knights of Columbus

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
1164-AR 1-13	54.1



Daniel C. Heffernan
Associate General Counsel

October 3, 2012
Date



KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

September 4, 2012

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Knights of Columbus

By: 

Title: Associate General Counsel

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
APPLICATION FOR REINSTATEMENT

Contract No. _____

Amount Due _____

I hereby apply for reinstatement of the above Contract. For that purpose, I tender the Amount Due and state as follows:

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- (c) No insured is engaged in aviation except as a passenger on commercial airlines.

If there are any exceptions to (a), (b), or (c), list them below:

I agree that the statements contained in this Application are complete and true to the best of my knowledge and belief and that all exceptions have been fully set forth.

I agree that, if the Knights of Columbus reinstates this Contract, its Incontestability provision shall operate anew from the date of reinstatement as to statements made in this Application.

APPLICATION MUST BE DATED AND SIGNED

Date

~~SUPREME PHYSICIAN'S CERTIFICATE~~

~~This application is hereby~~

Signature of Insured (if at least 18)

Signature of Owner (if other than Insured or if Insured is under 18)

.....
INSTRUCTIONS: Complete and sign both sides of this form. Mail with Amount Due to Knights of Columbus, Reinstatement Unit, P. O. Box 1670, New Haven, CT 06507-9982.

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Upon ~~your~~ written request, the MIB will disclosure of any information it may have on you in its files. ~~(Medical information will be disclosed only to your attending physician.)~~ If you feel the information in the MIB file is not correct, you may contact the MIB and seek a correction in accordance with procedures outlined in the Federal Fair Credit Reporting Act.

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A photographic copy of this authorization shall be as valid as the original.

I acknowledge receiving and reading the above Notice.

Dated _____ 20 _____

Signed _____
Insured (if at least 18)

Signed _____
Owner (if other than Insured or if Insured is under 18)

**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Knights of Columbus
Form Title: Reinstatement Application
Form Number: 1164-AR 1-13

I hereby certify that to the best of my knowledge and belief, the above form and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Daniel C. Heffernan
Associate General Counsel

October 3, 2012
Date

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
APPLICATION FOR REINSTATEMENT

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TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
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Superceded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/08/2012	Form	Application for Reinstatement	10/23/2012	1164-AR 1-13.pdf (Superceded)

KNIGHTS OF COLUMBUS
A FRATERNAL BENEFIT SOCIETY
APPLICATION FOR REINSTATEMENT

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Signature of Owner (if other than Insured or if Insured is under 18)

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INSTRUCTIONS: Complete and sign both sides of this form. Mail with Amount Due to Knights of Columbus, [Reinstatement Unit, P. O. Box 1670, New Haven, CT 06507-9982].

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I acknowledge receiving and reading the above Notice.

Dated _____ 20_____

Signed _____
Insured (if at least 18)

Signed _____
Owner (if other than Insured or if Insured is under 18)